Complete Summary

GUIDELINE TITLE

Diagnosis and management of substance use disorders.

BIBLIOGRAPHIC SOURCE(S)

Michigan Quality Improvement Consortium. Diagnosis and management of substance use disorders. Southfield (MI): Michigan Quality Improvement Consortium; 2003 Aug. 1 p.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Substance use disorders

GUIDELINE CATEGORY

Diagnosis
Management
Treatment

CLINICAL SPECIALTY

Family Practice
Internal Medicine

INTENDED USERS

Advanced Practice Nurses
Health Plans

Physician Assistants
Physicians

GUIDELINE OBJECTIVE(S)

- To achieve significant, measurable improvements in the diagnosis and management of substance use disorders through the development and implementation of common evidence-based clinical practice guidelines
- To design concise guidelines that are focused on key management components of substance use disorders to improve outcomes

TARGET POPULATION

- Adolescents and adults at health maintenance visits or initial pregnancy visit
- Adolescents and adults with substance use disorders

INTERVENTIONS AND PRACTICES CONSIDERED

Screening

1. Use of a validated screening tool (Alcohol Use Disorders Identification Test [AUDIT], Michigan Alcohol Screening Test-Geriatric [MAST-G], CAGE)
2. General screening (at wellness visits)
3. Targeted screening for those at risk

Diagnosis

Symptoms and behaviors

Treatment/Management

1. Patient education
2. Counseling
3. Referral, if appropriate
4. Pharmacological management

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The Michigan Quality Improvement Consortium (MQIC) project leader conducts a search of current literature in support of the guideline topic. Computer database

searches are used to identify published studies and existing protocols and/or clinical practice guidelines on the selected topic. A database such as MEDLINE and two to three other databases are used.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Levels of Evidence for the Most Significant Recommendation

A. Randomized controlled trials
B. Controlled trials, no randomization
C. Observational studies
D. Opinion of expert panel

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Using the health plan guideline summaries and information obtained from the literature search, the Michigan Quality Improvement Consortium (MQIC) director and/or project leader prepare a draft guideline for review by the MQIC Medical Directors.

The draft guideline and health plan guideline summaries are distributed to the MQIC Medical Directors for review and discussion at their next committee meeting.

The review/revision cycle may be conducted over several meetings before consensus is reached. Each version of the draft guideline is distributed to the MQIC Medical Directors, Measurement, and Implementation committee members

for review and comments. All feedback received is distributed to the entire membership.

Once the MQIC Medical Directors achieve consensus on the draft guideline, it is considered approved for external distribution to practitioners with review and comments requested.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Once the Michigan Quality Improvement Consortium (MQIC) Medical Directors achieve consensus on the draft guideline, it is considered approved for external distribution to practitioners with review and comments requested.

The MQIC director also forwards the approved guideline draft to presidents of the appropriate state medical specialty societies for their input. All feedback received from external reviews is presented for discussion at the next MQIC Medical Directors Committee meeting. In addition, physicians are invited to attend the committee meeting to present their comments.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The level of evidence grades (A-D) are provided for the most significant recommendations and are defined at the end of the "Major Recommendations" field.

<u>Adolescents and Adults</u>

Detection/Screening

- Screen by history for substance use at every health maintenance exam or initial pregnancy visit (repeat as indicated), using a validated screening tool (improves accuracy of detecting alcohol abuse or dependence)* [D].
- Maintain high index of concern for substance use in persons with:
    - Family or personal history of substance use
    - Recent stressful life events and lack of social supports

- Chronic pain or illness, trauma
- Mental illness, including depression
- Drug-seeking behaviors
- Physical and cognitive disabilities, advanced age
- Sexual orientation (homosexual, bisexual, or transgender)
- Medical condition associated with substance use

*Validated tools include: Alcohol Use Disorders Identification Test (AUDIT), TWEAK (for pregnant women), Michigan Alcohol Screening Test-Geriatric (MAST-Geriatric, MAST-G), and CAGE.

A diagnosis of either substance dependence or abuse is made when symptoms indicate a maladaptive pattern of substance use resulting in clinically significant impairment or distress.

Diagnosis of Substance Abuse

A diagnosis of substance abuse is made when one or more of the following occur within a 12-month period:

- Recurrent substance use resulting in a failure to fulfill major role obligations
- Recurrent substance use in situations that are physically hazardous
- Substance-use-related legal problems
- Substance use despite having persistent or recurrent social or interpersonal problems

Diagnosis of Substance Dependence

A diagnosis of substance dependence is made when three or more of the following occur within a 12-month period:

- Tolerance, withdrawal, use in larger amounts or over a longer period than intended
- Persistent desire or unsuccessful efforts to cut down
- Great deal of time spent in activities necessary to obtain the substance
- Reduction in social, occupational, or recreational activities because of substance use
- Substance use continues despite knowledge of problems

<u>Patients with Substance Use Disorder</u>

Patient Education and Intervention by Primary Care Physician (PCP) or Trained Staff (e.g., RN, MSW)

- Discuss the relationship to presenting medical concerns or psychosocial problems
- Assess the patient's readiness to change
- Negotiate goals and strategies for reducing consumption and other change
- Involve family members as appropriate
- Schedule a follow-up appointment to monitor status and changes

Referral

Consider referral to community-based services (e.g., Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous) or Employee Assistance Program, or (especially if substance dependent) a substance abuse or behavioral health specialist. [D]

Patients Requiring Medication

Pharmacological Management

Pharmacologic management of substance dependence disorders should be conducted by or in collaboration with physicians who have expertise in the area of substance use disorders. [D]

Definitions:

Levels of Evidence for the Most Significant Recommendation

A. Randomized controlled trials
B. Controlled trials, no randomization
C. Observational studies
D. Opinion of expert panel

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence is provided for the most significant recommendations (see "Major Recommendations" field).

The guideline is based on several sources including, the Clinical Practice Guideline for the Management of Substance Use Disorders, Veterans Health Administration/Department of Defense, 2001 (www.oqp.med.va.gov).

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Through a collaborative approach to developing and implementing common clinical practice guidelines and performance measures for substance use disorders, Michigan health plans will achieve consistent delivery of evidence-based services and better health outcomes. This approach also will augment the practice environment for physicians by reducing the administrative burdens imposed by compliance with diverse health plan guidelines and associated requirements.

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

This guideline lists core management steps for non-behavioral health specialists. Individual patient considerations and advances in medical science may supersede or modify these recommendations.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

When consensus is reached on a final version of the guideline, a statewide mailing of the approved guideline is completed. The guideline is distributed to physicians in the following medical specialties:

- Family Practice
- General Practice
- Internal Medicine
- Other Specialists for which the guideline is applicable (e.g., endocrinologists, allergists, pediatricians, cardiologists)

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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ADAPTATION

The guideline is based on several sources including, the Clinical Practice Guideline for the Management of Substance Use Disorders, Veterans Health Administration/Department of Defense, 2001 (www.oqp.med.va.gov).

DATE RELEASED

2003 Aug

GUIDELINE DEVELOPER(S)

Michigan Quality Improvement Consortium

SOURCE(S) OF FUNDING

Michigan Quality Improvement Consortium

GUIDELINE COMMITTEE

Michigan Quality Improvement Consortium Medical Director's Committee

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Physician representatives from participating Michigan Quality Improvement Consortium health plans, Michigan State Medical Society, Michigan Osteopathic Association, Michigan Association of Health Plans, Michigan Department of Community Health and Michigan Peer Review Organization

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the Michigan Quality Improvement Consortium Web site.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on April 14, 2004. The information was verified by the guideline developer on July 27, 2004.

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Date Modified: 11/8/2004